FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Cocasaline Washington Rection FO

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

Uriginal 1435469
OMB APPROVAL
OMB Number: Expires: Estimated average burden

hours per response...

SEC USE ONLY							
Prefix		Serial					
D,	ATE RECEIV	ED					

Name of Offering (check if this is an Limited Liability Company Interests	amendment and name has changed, and	indicate change	.)		
Filing Under (Check box(es) that apply):	Rule 504 Rule 505 Rule	e 506 🔲 Sec	ction 4(6)	ULOE	
Type of Filing: New Filing	Amendment				
	A. BASIC IDEI	NTIFICATIO!	N DATA]
 Enter the information requested about 	out the issuer			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Name of Issuer (check if this is an a	mendment and name has changed, and in-	dicate change.)			08048232
Canvasback Investments LLC					
Address of Executive Offices	(Number and Street, C	City, State, Zip	Code)		er (Including Area Code)
1404 Larimer Street, Suite 300, Denver,	CO 80202			(720) 279-0070	
Address of Principal Business Operations	(Number and Street, C	City, State, Zip	Code)	Telephone Numbe	er (Including Area Code)
(if different from Executive Offices)					
District the second			<u>-</u>	<u> </u>	
Brief Description of Business					
General investment activities relating to	deht instruments				PROCESSED
Type of Business Organization	debt itbii dileita				
corporation	limited partnership, already formed	l	⊠ othe	r (please specify):	← MAY 2 2 2008
business trust	☐ limited partnership, to be formed		Lim	ited Liability Compa	
	-	Month	Year		HOMSON REUTERS
Actual or Estimated Date of Incorporation	or Organization:	03	07		☐ FICTURE OF MEDICAL
Jurisdiction of Incorporation or Organizati					
	CN for Canada; FN for other for	eign jurisdiction	1)	CO	

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Check Box(6s) that Apply:	 Each general and ma 	anaging partner of p	partnership issuers.	•		٠.	•	•	
Barishasto Residence Address Number and Street, City, State, Zip Code	Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director	X	General and/or Managing Partner
HoNE Larimer Street, Suite 200, Denver, CO 80202 Beneficial Owner Executive Officer Director General and/or Managing Partner		ndividual)							
Check Box(ex) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Full Name (Last name first, if individual) Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) 1404 Larimer Street, Suite 300, Denver, CO 80202 Check Box(ex) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Residence Address (Number and Street, City, State, Zip Code) 1404 Larimer Street, Suite 300, Denver, CO 80202 Check Box(ex) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Connell Sultaman Function of the suite 300, Denver, CO 80202 Check Box(ex) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(ex) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(ex) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(ex) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(ex) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, Cit				1					
Tery R. Larrew Business or Residence Address (Number and Street, City, State, Zip Code)				×	Executive Officer	Ü	Director		General and/or Managing Partner
Business or Residence Address (Number and Street, City, State, Zip Code) Halva Larimer Street, Suite 300, Denvert, COS 800202 Check Box(es) that Apply:		nđividual)					•		
Check Box(es) that Apply:	Business or Residence Address)					
Bandall D. Kenworthy				Ø	Executive Officer		Director		General and/or Managing Partner
Hotel Larimer Street, Suite 300, Denver, CO 80202 Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner		ndividual)							
Check Box(es) that Apply:)					
Executive Officer Director General and/or Managing Partner				Ø	Executive Officer		Director		General and/or Managing Partner
Lack Larimer Street, Suite 300, Denver, CO 80202 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner		ndividual)						•	
Check Box(es) that Apply:)					
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Check Box(es) that Apply:				Executive Officer		Director		General and/or Managing Partner
Check Box(es) that Apply:	Full Name (Last name first, if in	ndividual)			·				
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Business or Residence Address	(Number and Str	eet, City, State, Zip Code))					
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Check Box(es) that Apply:	Full Name (Last name first, if in	ndividual)							
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Business or Residence Address	(Number and Str	eet, City, State, Zip Code))					,
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Check Box(es) that Apply:	Full Name (Last name first, if ir	ndividual)							
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Business or Residence Address	(Number and Str	eet, City, State, Zip Code))					
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Check Box(es) that Apply:	Full Name (Last name first, if in	ndividual)							
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Business or Residence Address	(Number and Str	eet, City, State, Zip Code))					
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	Full Name (Last name first, if in	ndividual)							
Full Name (Last name first, if individual)	Business or Residence Address	(Number and Str	eet, City, State, Zip Code))					
	Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Business or Residence Address (Number and Street, City, State, Zip Code)	Full Name (Last name first, if in	ndividual)							
	Business or Residence Address	(Number and Str	eet, City, State, Zip Code))					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				В.	INFOR	MATION	ABOUT (FFERIN	G				
	Has the issuer s		Ans	wer also in A	ppendix, Col	umn 2, if filiı	ng under ULC	E.			(see l	Yes	•
3.	Does the offering	ng permit joir	it ownership o	of a single uni	it?							Yes □	No ⊠
4.	Enter the information or commission or offering. If a pand/or with a stassociated personal control of the commission of	nation reques similar remu erson to be late or states,	sted for each paneration for listed is an as	person who has solicitation of sociated person of the broke	as been or wi f purchasers on or agent o er or dealer.	Il be paid or in connection of a broker or If more than	given, directly n with sales of dealer regist five (5) perso	y or indirectly of securities ered with the ons to be liste	y, any in the : SEC ed are				
Full N N/A	Vame (Last nar	ne first, if i	ndividual)										
Busin	ess or Residen	ice Address	(Number ar	nd Street, Ci	ty, State, Zi	p Code)							
Name	of Associated	Broker or	Dealer										
States	in Which Per	son Listed I	Has Solicited	d or Intends	to Solicit Po	ırchasers							
	(Check "All Sta	ites" or checl	k individual S	tates)								All Sta	ites
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] {OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[IE [M [P/ [PI	iO] A]
	lame (Last nar		ndividual)			-						•	
Busin	ess or Residen	ce Address	(Number ar	nd Street, Ci	ty, State, Zi	p Code)							
Name	of Associated	Broker or	Dealer	<u> </u>									
States	in Which Per	son Listed I	Has Solicited	d or Intends	to Solicit Pu	ırchasers							
	(Check "All Sta	ites" or checl	c individual S	tates)							П	All St	ates
1 1 1 1				•									
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[]] [M] [P] [P]	O] A]
Full N	lame (Last nar	ne first, if i	ndividual)										
Busin	ess or Residen	ce Address	(Number an	nd Street, Ci	ty, State, Zi	p Code)		 -		-		:	
Name	of Associated	Broker or	Dealer					•					
States	in Which Per	son Listed I	Has Solicited	d or Intends	to Solicit Pu	ırchasers							
	(Check "All Sta	ites" or checl	c individual S	tates)	************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		******************			All Sta	ates
(AL) (IL) (MT) (RI)	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	(HI] [MS] [OR] [WY]	[ID] [M {PA [PF)] (O] A]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES A	ND USE OF PROCE	EEDS
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
		Aggregate Offering Price	Amount Already Sold
	Type of Security		
	Debt	\$	\$
	Equity	\$	\$
	☐ Common ☐ Preferred	•	
	Convertible Securities (Convertible Promissory Notes and Warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify: Limited Liability Company Interests)	\$ <u>2,500,000</u>	\$ 835,000
	Total	\$ <u>2,500,000</u>	\$ <u>835,000</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount
			of Purchases
	Accredited Investors	3	\$ <u>835,000</u>
	Non-accredited Investors	0	\$0.00
	Total (for filings under Rule 504 only)	0	\$0.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Time of	Della Avena
	Type of offering	Type of Security	Dollar Amount Sold
		•	
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$0.00
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		□\$
	Printing and Engraving Costs		□\$
	Legal Fees		⊠\$ 15,000
	Accounting Fees		\$
	Engineering Fees		□\$
	Sales Commissions (specify finders' fees separately)		□\$
	Other Expenses (identify)		□\$
	Total		⊠\$15,000

	C. OFFERING PRICE	C, NUMBER OF INVESTORS, EXPENSES A	AND USE OF PROCEE	DS
	b. Enter the difference between the ag Question 1 and total expenses furnished is the "adjusted gross proceeds to the issu	gregate offering price given in response to Part C in response to Part C - Question 4.a. This different uer."	ce	\$ 2,485,000
5.	used for each of the purposes shown. It estimate and check the box to the left of	ed gross proceeds to the issuer used or proposed to f the amount for any purpose is not known, furnish of the estimate. The total of the payments listed mu e issuer set forth in response to Part C - Question 4	an ust	
	above.		Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees			□\$
	Purchase of real estate			□\$
	Purchase, rental or leasing and installation and equipment	on of machinery		□\$
	Construction or leasing of plant building	s and facilities		□\$
	offering that may be used in exchange	ng the value of securities involved in this e for the assets or securities of another	□\$	□\$
	Repayment of indebtedness		🗀\$	□\$
	Working capital		🗀\$	□\$
	Other (specify): For lending purposes		_ 🗆	⊠ \$ <u>2,485,000</u>
				□ \$
			\$	□\$
	Column Totals			□\$
	Total Payments Listed (column totals add	ded)	🗆 \$ <u>2.4</u>	185,000
		D. FEDERAL SIGNATURE		
sign	ature constitutes an undertaking by the issu	ned by the undersigned duly authorized person. If the undersigned to furnish to the U.S. Securities and Exchange Co-accredited investor pursuant to paragraph (b)(2) of F	ommission, upon written requ	505, the following nest of its staff, the
Issu	er (Print or Type) vasback Investments LLC	Signature Ley R Layers	Date May 7 , 2008	
	e of Signer (Print or Type) y R. Larrew	Title of Signer (Print or Type) Principal of Parachute Fund II LLC, Manager of	f Issuer	
		<u> </u>		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE						
1.	Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?						
	See Appendix, Column 5, for state response.						
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.						
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.						
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.						
	e issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned ly authorized person.						
	uer (Print or Type) Signature / Date						
Ca	nvasback Investments LLC / leu / Janeu May L, 2008						
Na	time (Print or Type) Title (Print or Type)						
Te	rry R. Larrew Principal of Parachute Fund II LLC, Manager of Issuer						

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2		3			4		;	5 ification
	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in State (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
				Number of	,	Number of			Item 1)
State	Yes	No		Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No
AL									
AK						_			
AZ									
AR									
CA									
со									
СТ									
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN									
IA									
KS					<u> </u>				
KY									ļ
LA									
ME					,				
MD									
MA									
MI									
MN									
MS									
МО									

	,	,	,		•		.,	,	
MT								<u> </u>	
NE]			
NV		х	Limited Liability Company Interests	2	\$335,000	0	\$0.00		х
NH									
Į				- "		·			
NM									
NY									
NC									
ND									
ОН									
ок									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA		х	Limited Liability Company Interests	1	\$500,000	0	\$0.00		Х
wv									
WI									
WY									
PR									

3862416_1.DOC

